Office	Use Only	



Missouri Department of Conservation **Application for Commercial – Miscellaneous Permits**

Complete I his Box. Please Print	
Name:	Business Name:
Address:	Business Address: (if different)
City, State, Zip:	City, State, Zip:
Home Telephone No.	Work Telephone No.
County:	Email:
	e, hold, release and shoot on the training area legally acquired pheasants, exotic
Check Type of Species: _ Pl	heasant _ Exotic Partridge _ Quail _ Mallard Duck
Transportation stickers for use with Quail,	TOTAL ENCLOSED \$
LOCATION: SHOOTERS:	
	ermitte and not more than two (2) assistants.)
,	
☐ Please check if you need signs for y	our dog training area (signs are of index card quality material).
contact by a conservation agent is required. If you live	dress please complete this section. Complete address must be provided in case in a rural area please provide directions to your location.
ADDRESS	TEZIP
DIRECTIONS	
Approval box in lower left corner of the application mu. 1. First time application for Dog Training A. 2. When location is being changed from prior 3. When going from one type of permit to an 4. When ownership changes.	or year's permit.
☐ Check here if you do not wish for your name and contact	d addresses are public records unless you specifically request that your information be closed. information made available on mailing lists. to the above permits according to the Wildlife Code of Missouri.
Applicant's Signature	Date
□ Approved □ Disapproved	ALL PERMITS EXPIRE JUNE 30
By	DO NOT CEND CACH
County	DO NOT SEND CASH Remit Check, Credit Card Payment (see back) or Money Order To:
Date DO NOT WRITE IN THIS SPACE	Attn: Commercial Permits
(For conservation agent's use only)	Missouri Department of Conservation P.O. Box 180

Jefferson City, MO 65102-0180

Payment Method

Total Amount Due \$			
□ Check Enclosed (ma	ke check payable to <i>Missouri</i> (Conservation Department)	
Check One: Uis	a	□ Discover	
Charge my credit card	number		
3 Digit Security Code number		(this number is located on the back of your card)	
Expiration Date		Phone #	
Signature		(<i>required</i> for all credit card orders)	
Credit card holder agrees to per	rform the obligations set forth	in the Cardholder's agreement with the Issuer.	
Mail application to:	Mail application to: Missouri Department of Conservation ATTN: Commercial Permits PO Box 180 Jefferson City, MO 65102-0180		